

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

45357

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 76-

1. PLACE OF DEATH a. COUNTY Platte			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Weston TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Dearborn TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Matthew Nursing Home 3 Mt. INSTITUTION		Length of stay in lb	d. STREET ADDRESS -		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Virginia Price Newton			4. DATE OF DEATH Dec. 10, 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1972		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Weston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME A. J. Newton			14. MOTHER'S MAIDEN NAME Evelyn Quinn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. R. W. Parsons Hillsboro, Ore.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephritis, acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 590X					INTERVAL BETWEEN ONSET AND DEATH 2 mo 17/40
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 5:30 Month Nov. Day 11 Year 1957 a. m. A.M. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Weston, Mo	
21. I attended the deceased from Nov. 11, 1957 , to Dec. 9, 1957 and last saw her alive on Dec 9, 1957 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title) D.O.		22b. ADDRESS Weston, Mo		22c. DATE SIGNED 12-11-57	
23a. BURIAL, CREMATION, REMOVAL, OR OTHER Burial		23b. DATE 12-12-57		23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	
		23d. LOCATION (City, town, or county) Weston, Platte Co. Mo.		(State)	
24. FUNERAL DIRECTOR Vaughn Funeral Home		ADDRESS Weston, Mo.		25. DATE RECD. BY LOCAL REG. Dec-12-57	
26. REGISTRAR'S SIGNATURE B. P. Rollins					

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Vaughn*

Licensed Embalmer No. *402*

P. O. Address *Weston, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.